Example APS Registration for New User of 11-BM Mail-in Service
Find more info at http://www.aps.anl.gov/Users/New/

*Disregard this note for non-US citizens if registering **only for mail-in services***

Registration Form for Access to Argonne National Laboratory's DOE/BES National User Facilities

Please complete the following on-line form and then click the "Submit" button. You must answer all questions on the form. An incomplete form can delay the processing of your registration and possibly impact your a reply within 48 hours of registering. If you do not receive a reply, please send an email to apsuser@aps.anl.gov.

NOTE: Non-U.S. Citizens, please click here for special instructions regarding new Department of Energy requirements for entry into Argonne National Laboratory.

Enter data then click on submit.

Select the user facility you will be visiting at Argonne (Check any or all. Must check at least one)
- [X] Advanced Photon Source (APS)   *Select 'Advance Photon Source (APS)'*
- [ ] Center for Nanoscale Materials (CNM)
- [ ] Electron Microscopy Center (EMC)

Date of arrival at Argonne if know (e.g., 21-JAN-2090) [_____]

Leave 'Date of Arrival' empty for mail-in

Registration purpose
- ( ) To update my personal information
- ( ) To obtain a badge number to submit a proposal for on-site work.
- (X) To obtain a badge number to submit a proposal for mail-in service (macromolecular crystallography or power diffraction) or remote use of a beam line.
- ( ) To obtain a badge number for site access for an already-accepted proposal.
- ( ) other registration purpose

Select 'badge number for mail-in service'

If you chose "Other" as your "Registration Purpose" please provide details here:
[_____]

Is any of your planned research proprietary or potentially proprietary? ( ) Yes (X) No
Are you currently an Argonne employee? ( ) Yes ( ) No
Have you ever registered as an APS, ATLAS, CNM, EMC, or IPNS user? ( ) Yes ( ) No
Have you worked **in any** capacity at Argonne National Laboratory? ( ) Yes ( ) No

Proprietary? If 'Yes' please see APS & 11-BM website for important information about proprietary research.
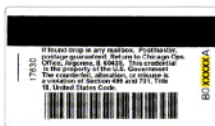
If you answered yes to either of the last two questions, what is/was your Argonne badge number (if you remember) or what were the years you worked at Argonne?
badge: [_____]
dates from: [_____]   to: [_____]

Your badge number appears on the back of your badge, below and to the right of the magnetic strip. Use the third through seventh digits of this number.

Was your name different? If yes, what name did you use? [_____]
Are you a staff member of the following facilities (Check any that apply)
- [ ] APS   [ ] CNM   [ ] EMC

Title (Prof., Dr., etc.) [--- Choose one --- v]
First/Given Name (no nicknames) [_____]
Middle Initial [____] (if none, check "NMI" for No Middle Initial) NMI [ ]
Last/Family Name [_____]
Gender ( ) Male ( ) Female
Race/Ethnicity [--- Choose one --- v]

Enter Personal Information

Institutional Affiliation (Enter employer or school if you are a student) [Select from list] [List]
Department [_____]
Street Address [_____]

City [_____]
State [_____]
Zip Code [_____]
Country [Select from list] [List]
Office Telephone (e.g., 999-999-9999) [_____]
Fax (e.g., 999-999-9999) [_____]
E-mail Address [_____]
Employment Level [--- Choose one --- v]

Enter Contact Information for Argonne and APS Records.

Note: Email and mailing addresses used for the 11-BM mail-in program are taken from the General User Proposal (GUP).

If you chose "Other" as your "Employment Level" please provide details here:
[_____]

Home Street Address

Home City
Home State
Home Zip Code
Home Country [Select from list] [List]
Home Telephone (e.g., 999-999-9999)

Additional Contact Information for Argonne and APS Records

Emergency Contact

Emergency Contact's Address

Same as Home

Emergency Contact's Telephone (e.g., 999-999-9999)   Same as Home

Country of Citizenship [Select from list] [List]
Date of Birth (e.g., 21-JAN-1985)

If NOT a U.S. citizen, the following information is required. All INS documents must be current (or we need proof of application):

City **AND**
Country of Birth [Select from list] [List]
Kind of Business or organization (e.g., government, company, laboratory, university)
Educational Background (List ALL university/college degrees and dates conferred)

Field of Research

Non-US citizens, please complete these sections

PASSPORT

Passport Number
Passport Country of Issue [Select from list] [List]
Passport Expiration Date
(Current expiration date required)
(e.g., 21-JAN-2090)

VISA
Current visa information/or LPR cards is required for all citizens of all countries except **Canada, Mexico, and 27 countries on the** visa waiver list **(passport and I-94 are still**

LPR (green card) ○ Yes ○ No
LPR number
LPR expiration date
(e.g., 21-JAN-2090)
Type of travel visa [--- Choose one --- ▼]
Visa control number
(upper corner 200XXXXXX)
Visa Expiration Date
(e.g., 21-JAN-2090)

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ALTERNATE ID's
Select approprite in-status doscument as follows:
(e.g., F1 visa *requires* **I-20 SEVIS, J-1 visa** *requires* **DS-2019, H-1 visa requires I-797)**

Other required form of identification [--- Choose one --- ▼]
Approved Identification Form's Number
Country of Identification Form (if applicable) [Select from list] [List]
Expiration date of Identification Form (if applicable)

Click button **ONCE** when finished [submit]

Please contact the APS user office with any questions about New User Registration apsuser@aps.anl.gov.